

REPORTS OF CASES OF INSANITY FROM THE INSANE DEPARTMENT OF THE PHILADELPHIA HOSPITAL.

PREPARED UNDER THE DIRECTION OF W. H. WALLACE, M.D., PHYSICIAN-
IN-CHIEF, AND CHARLES K. MILLS, M.D., CONSULTING PHYSICIAN.

Three Cases of Epileptic Insanity.

Reported by Dr. J. Chalmers Da Costa, Assistant Physician.

CASE IX.—*Pre-Epileptic Insanity.—Simulation of Epilepsy by the Same Patient.*

P. D—— was admitted to the hospital early in November, 1885. He was born in Ireland, was 27 years old, married, a barber, and had a good common-school education. His family history was not clear, but no instances of heredity were discovered. He had a son about six years old who had had a fit.

He had been an epileptic for twenty years, and a hard drinker from boyhood. At first his attacks were rare, but became more frequent until he was obliged to give up his business in 1882. He became gloomy, irritable, and peculiar, which his wife attributed to remorse because he contracted gonorrhea from a prostitute. For three years before his admission to the hospital, he was depressed and weak-minded, with occasional outbreaks of violence, and he had many fits. When first in the hospital, he was extremely violent and destructive, talking with great rapidity, singing, jumping about, swearing frightfully, and attacking all who approached him. He refused food and did not sleep. He had a fierce and angry expression; his speech was incoherent, and he evidently labored under hallucinations of sight and hearing.

Nov. 11th, 1885.—He is violent, filthy, and destructive. He was fed with the nasal tube and went to sleep under hyoscine hydrobromate.

Nov. 14th.—The patient is remarkably improved. He began to eat voluntarily and was much less violent, though he still was confused and had several violent fits during the day.

Nov. 17th.—His mania is entirely gone; he eats and sleeps well, but is still confused.

Since that time he has frequently, but not invariably, before a fit been filthy in word and deed, malignant, dangerous, incoherent,

and destructive, often attacking people without cause. These attacks have lasted from a few hours to several days, and have ended with one or more fits, the number and violence of which seem to bear a direct relation to the intensity of the preceding mania. He has had attacks of violence which have not been observed to terminate in fits. This has been only when he went to bed maniacal and got up quiet, so that he probably had the seizure in the night. Sometimes his antecedent mania lasts for one week or more. One attack of violence lasted from Nov. 2d, 1885, to Nov. 14th; another from July 28th, 1886, to August 5th.

This case illustrates pre-epileptic insanity, the fit seeming to act as a safety valve, or rather as a throttle valve setting force into motion by being pulled out. It would seem as if nerve force were exploded on the mind, and was drawn from there to the muscles by Nature, thus converting a mental convulsion into a muscular one. Besides these transitory attacks, the patient has increasing dementia, more confusion, weakened will, memory, and judgment. His physical condition is good, and he shows no signs of syphilis or phthisis.

He occasionally simulated epilepsy for the purpose of getting tobacco; but he proved to be a poor actor, and his deception was easily discovered.

CASE X.—Post-Epileptic Insanity.—Extreme Sexual Excitement and Aberration.

R. S—, aged 30, was admitted to the Philadelphia Hospital in 1880. (The notes of his state on admission were destroyed by the fire of Feb., 1885. His family history was meagre and unsatisfactory; but none of his relatives were ever known to have been insane or epileptic.)

When he was 10 years old he fell from an ice wagon, and soon after this, fits set in. The only sickness he ever had was the measles when he was very young. It was noticed that on several occasions after having a seizure he was very violent. Once he tried to jump out of a window, and another time attacked his brother without any provocation. After a time, his mind showed marked and continued impairment, and he talked and acted absurdly at all times.

He is short and very stout, and has a peculiarly gross and coarse appearance. He has thick lips, and a lascivious smile. In his normal state he is quiet and tractable, and often helps in the ward. He is good-natured, and will try to kiss men. His memory for recent events is almost gone, and he has marked confusion of thoughts. He has never had any head injury so far as can be discovered.

About once a month he becomes depressed, and this depression is followed by violent fits, usually from one to four in number. These sometimes happen in quick succession, another fit coming on before the post-epileptic sleep ends (*status epilepticus*). At

other times the paroxysms are some hours apart. Between the fits and after them, he becomes very excitable. He shouts and sings, says he is "glorified and sanctified." He evidently has hallucinations of sight and hearing of a pleasant nature. He tries at these times to kiss every one who approaches him. He occasionally eats excrement and drinks urine. He practises sodomy and masturbates fiercely, and will scream out vile remarks without apparent shame. He has been observed to place his penis in his mouth. In order to do this he gets upon his back, elevates his thighs, and puts the perinæum on the stretch by pulling on the scrotum. His penis is not of abnormal size, but his back is peculiarly flexible. This vile state generally lasts for a day or two, and is accompanied by marked wakefulness. He then has a sound night's sleep, and in the morning has returned to his normal state. During the mania his eye-ground shows active congestion.

CASE XI.—*Post-Epileptic, Pre-Epileptic, and Replacing Mania.*

M. W.—, born in Philadelphia, is 25 years of age, white, and a printer. His family history showed no cases of epilepsy, phthisis, or insanity. His father and mother are temperate, and he has three brothers and four sisters alive and well. He had never been addicted to the use of alcohol, and had never had any severe sickness. He had no signs of head injury, and no history of sun-stroke, syphilis, or masturbation.

When he was 8 years of age he had a severe fright from the house taking fire, and three months after this began to have attacks of "giddiness," in which he would cry out, fall, and remain unconscious for a time. After these he suffered with slight headache. At first he had two or three attacks in a month, but they increased in frequency until 1884, when he often had two a day. For some years these attacks were preceded by marked hallucinations of sight, the most constant object he saw being a shoe with a leg, which ran round and round until he lost consciousness. After a time a great change took place in the patient's disposition; he became dull and irritable, and imagined kindnesses were intended as injuries; he would also have outbursts of causeless anger, in which he occasionally tried to injure people. He once went into a jewelry store, broke the show-case and threw the watches and trinkets around, but made no attempt to steal anything. He became very egotistical, and would not tolerate the slightest contradiction. In 1884, he attacked a friend who, he said, owed him money, and was committed to the Philadelphia Hospital by order of the Court.

Examination showed his pupils to be equal and normal in size; they reacted to the light. His memory was beginning to fail; his emotions were unrestrained and his judgment was not acute; he was very egotistical. His urine and renal organs were normal; his lungs healthy, and his heart action, though weak, showed no murmur. He said that he felt "perfectly well."

On admission, he was having two fits a day, but under treatment they have diminished greatly. He has both diurnal and nocturnal epilepsy, and both grand mal and petit mal. For a time he had a stomach aura, but now a fit is preceded by a cold feeling running up the arms from his hands, he raises his arms over his head, gives a cry, and falls. His pupils dilate and he passes into a tetanic state which lasts from half a minute to a minute. Convulsive movements begin in the eyelids and face, and then the whole body is involved in the convulsion. This stage lasts for two or three minutes, and he then usually sleeps for an hour or two, and awakes with a slight headache, and a feeling of heaviness.

Besides his mild chronic dementia, he is beginning to labor under outbursts of acute maniacal excitement. On several occasions he has been observed to be more than usually excitable, demanding his release from "illegal confinement." He attacks people without any cause, breaks windows and doors, etc. After being several hours in this state, a fit usually occurs, perhaps more severe than common, and this relieves the mania.

Sometimes again after a fit he does not sleep, but gets up almost directly in a maniacal condition, and swears, fights, and breaks everything he can get at. This lasts sometimes for hours, and has continued for a whole day, until it is dissipated by sleep, either natural or induced by medicine. Again, he will pass some time without a fit, and then have a maniacal outbreak which will last an irregular time. While in this condition he is very dangerous. This also passes off in sleep.

This patient is an interesting one from several points of view. He shows three successive auras; the first, an hallucination of sight; the next, a stomach aura (which is far more common); and the third, a sensation from the hands and arms. He exhibits the beginning of mental deterioration, and illustrates true epileptic insanity in several forms: (1) pre-epileptic mania, which is stopped by a fit; (2) post-epileptic mania, which arises because of the absence of the post-convulsive sleep, and passes into sleep; (3) a mania taking the place of a fit, or what Spitzka has called the "psychical equivalent of a fit," and which, like the other forms, passes off by sleep.